

PROPOSAL FOR “BEST PRACTICES REGARDING CRISIS INTERVENTION AND 51.15s”

Emergency Mental Health Detentions (ED) under State Law (51.15) are primarily initiated by law enforcement. Once an ED is initiated, it is up to the designated clinicians to determine whether the person is a fit subject for treatment, and to determine the least restrictive appropriate treatment. **In a review of “best practices” throughout the State of Wisconsin, we have identified that quality programs are able to provide effective interaction between law enforcement and mental health providers to determine the most appropriate disposition for somebody regarding an ED.** A 51.15 may be initiated when there is the presence of mental illness and a potential danger to self or others. While there is variability in the ED process throughout the State, it is known that crisis intervention programs do have a level of expertise in providing assessments, intervention, and alternatives to an ED. It is proposed as best practice that law enforcement would contact the crisis intervention program when there is reason to believe that a 51.15 needs to be initiated. Law enforcement would collaborate with the crisis staff either via phone or face to face discussion and interview of the client to determine if in fact, this person meets the criteria for both potential mental illness and dangerousness.

If prior culturally competent consultation is not available, law enforcement does maintain the power and authority to initiate an ED. Once a detention is in process, best practice would call for a crisis intervention program to determine if this detention needs to continue. Best practice indicates that:

1. Culturally competent consultation is obtained whenever possible prior to initiating an ED. If this is not possible crisis teams would provide an evaluation for all EDs after the detention has been initiated.
2. Once an ED has been initiated, the certified crisis staff or other clinical staff designated by the 51.42 board should provide assessments, interventions, consultations with law enforcement, family, and hospital staff if they are involved, etc. to help determine if the ED should proceed or not. If crisis staff or other staff designated by the 51.42 board determine that the person is not a fit subject for treatment, or if a less restrictive alternative can be developed, the ED proceedings can be discontinued at any point in the process as clinically indicated.
3. Any decision not to continue an ED should be communicated to the County Corporation Counsel.
4. In the event that an ED is to proceed, the person would be hospitalized or placed in a facility with supervision provided under Chapter HFS 34 and the Corporation Counsel would not need to be notified until a further dispositional planning would occur.